



# VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Are you under 18 years old?  Yes  No

I am interested in learning about these volunteer opportunities:

- |   |   |
|---|---|
| <input type="checkbox"/> Museum Shop Assistance | <input type="checkbox"/> Portray Historic Individuals |
| <input type="checkbox"/> House Tour Guide       | <input type="checkbox"/> Garden                       |
| <input type="checkbox"/> School Tour Guide      | <input type="checkbox"/> Grounds Assistance           |
| <input type="checkbox"/> Special Event Staff    | <input type="checkbox"/> Other                        |

The best way to contact me is  PHONE  EMAIL

Best time to contact me is  AM \_\_\_\_\_  PM \_\_\_\_\_

Please send me information about becoming a member of  
Brandywine Battlefield Park Associates

In accordance with PA Act 153, all volunteers at the Brandywine Battlefield Park Associates must complete the PA Criminal Background Check and the PSP Child Abuse Clearance before beginning work as a volunteer. In addition, any potential volunteer who has not been a continuous resident of Pennsylvania for the last 10 years must also complete an FBI fingerprint check.

If you are from another state, we will work with you to get the required paperwork from said state.

I acknowledge that I must complete any and all required background checks in order to be considered as a volunteer at the Brandywine Battlefield Park Associates

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to Robin Baker, Volunteer Coordinator  
Brandywine Battlefield Park Associates, P.O. Box 202, Chadds Ford PA, 19317

**Questions?** Please call (610) 459-3342

***We appreciate your interest and look forward to having you join us as a volunteer!***

## VOLUNTEER EMERGENCY CONTACT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please List Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

**In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact:**

**Emergency Contact #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?**

Yes  No

**If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_